

SUSAN B ANTHONY LIST INC. CANDIDATE FUND

1707 L Street, NW

Suite 750

Washington

DC

20036

FEC ID No. C00332296

☐ 24-Hour Notice ☒ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 5

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

FEC IDENTIFICATION NUMBER

C C00332296

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Courtyard Indianapolis Downtown

Date

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Amount

260.00

Mailing Address

601 West Washington St

City

Indianapolis

State

IN

Zip Code

46204

Purpose of Expenditure

Lodging

Category/
Type

Office Sought:

☒ House

State: IN

☐ Senate

District: 09

☐ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2010☐ Other (specify) : _____

Transaction ID: VB74BD63CFD2C7AB9953

Calendar Year-To-Date Per Election

313.13

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

TGI Friday's Indy

Date

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Amount

53.13

Mailing Address

501 West Washington St

City

Indianapolis

State

IN

Zip Code

46204

Purpose of Expenditure

Food

Category/
Type

Office Sought:

☒ House

State: IN

☐ Senate

District: 09

☐ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2010☐ Other (specify) : _____

Transaction ID: VC20A7B4E002708A82B0

Calendar Year-To-Date Per Election

313.13

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

313.13

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon

Signature

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 2 / 5

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

FEC IDENTIFICATION NUMBER

C C00332296

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Circle K Shell

Date

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Amount

4.29

Mailing Address
2105 E King StCity State Zip Code
Franklin IN 46131Purpose of Expenditure
IceCategory/
TypeOffice Sought: ☐ House State: IN
☒ Senate District: _____
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
Rep. Brad EllsworthDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 1933.70

Transaction ID: VE5F2408C5BE1E8F75DD

Full Name (Last, First, Middle, Initial) of Payee

Courtyard Indianapolis Downtown

Date

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Amount

780.00

Mailing Address
601 West Washington StCity State Zip Code
Indianapolis IN 46204Purpose of Expenditure
LodgingCategory/
TypeOffice Sought: ☐ House State: IN
☒ Senate District: _____
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
Rep. Brad EllsworthDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 1933.70

Transaction ID: VACF07060A304A11046C

(a) SUBTOTAL of Itemized Independent Expenditures

784.29

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon

Signature

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 3 / 5

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

FEC IDENTIFICATION NUMBER

C C00332296

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Hampton Inn

Date

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Amount

905.96

City State Zip Code
New Albany IN 47150Purpose of Expenditure
LodgingCategory/
TypeOffice Sought: ☐ House State: IN
☒ Senate District: _____
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
Rep. Brad EllsworthDisbursement For: ☐ Primary ☒ General 2010
☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 1933.70

Transaction ID: VE71022771B8EF1E462C

Full Name (Last, First, Middle, Initial) of Payee

Jimmy Johns

Date

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Amount

27.62

City State Zip Code
Columbus IN 47201Purpose of Expenditure
FoodCategory/
TypeOffice Sought: ☐ House State: IN
☒ Senate District: _____
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:
Rep. Brad EllsworthDisbursement For: ☐ Primary ☒ General 2010
☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 1933.70

Transaction ID: V761D9373E9723E9BA30

(a) SUBTOTAL of Itemized Independent Expenditures

933.58

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon

Signature

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 4 / 5

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

FEC IDENTIFICATION NUMBER

C C00332296

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

McDonalds

Date

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Amount

48.98

Mailing Address

2205 Jonathan Moore Pike

City

Columbus

State

IN

Zip Code

47201

Purpose of Expenditure

Food

Category/
Type

Office Sought:

☐ House

State: IN

☒ Senate

District: _____

☐ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2010☐ Other (specify) : _____

Transaction ID: VCD6242F3DCD3128C090

Calendar Year-To-Date Per Election

1933.70

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

TGI Friday's Indy

Date

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Amount

159.38

Mailing Address

501 West Washington St

City

Indianapolis

State

IN

Zip Code

46204

Purpose of Expenditure

Lodging

Category/
Type

Office Sought:

☐ House

State: IN

☒ Senate

District: _____

☐ Presidential

Check One:

☐ Support☒ Oppose

Disbursement For:

☐ Primary☒ General 2010☐ Other (specify) : _____

Transaction ID: V4E80D59D6FDC54BF162

Calendar Year-To-Date Per Election

1933.70

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

208.36

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon

Signature

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 5 / 5

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

FEC IDENTIFICATION NUMBER

C C00332296

Check if ☐ 24-hour notice ☒ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Walgreens

Date

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Mailing Address

1702 E Spring Street

Amount

7.47

City

New Albany

State

IN

Zip Code

47150

Purpose of Expenditure

Supplies

Category/
Type

Office Sought:

☐ House

State: IN

☒ Senate

District: _____

☐ Presidential

Check One:

☐ Support☒ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Rep. Brad Ellsworth

Disbursement For:

☐ Primary☒ General 2010☐ Other (specify) : _____

Calendar Year-To-Date Per Election

1933.70

for Office Sought

Transaction ID: V126B64891823F513E2D

(a) SUBTOTAL of Itemized Independent Expenditures

7.47

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

2246.83

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Frank Cannon

Signature

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 1 0